

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILED DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		3				
6		0				
7		0				
8	1					
9		1				
10		2				
11		0				
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50						
TOTAL IND.	2					
TOTAL DEP.	13					
TOTAL CLAIMS	15					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						